

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce  
 (b) Address (number and street) ☐ check if different than previously reported  
1615 H Street N.W.  
 (c) City, State and ZIP Code  
Washington, DC 20062  
 (d) Name of Employer or Principal Place of Business  
 (e) Occupation

2. FEC Identification Number  
C30001101

3. Is This Statement ☒ New or Amended  
 4. Covering Period 09 03 2010 through 09 15 2010

5. (a) Date of Public Distribution(s) 09 15 2010 (b) Communication Title COST

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)  
 (d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
 (e) Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

### 8. Custodian of Records

(a) Name Rob Engstrom  
 (b) Address (number and street)  
1615 H Street NW  
 (c) City, State and ZIP Code  
Washington, DC 20062  
 (d) Name of Employer or Principal Place of Business  
U.S. Chamber of Commerce  
 (e) Occupation  
Vice President

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 500,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Rob Engstrom	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Vice President
B. (a) Name	
Bill Miller	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE **3** OF **3**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>DMM Media, LLC</b>			<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">09/03/2010</div>	
<b>Mailing Address of Payee</b> <b>3299 K Street NW, Ste 200</b>			<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">500,000.00</div>	
<b>City</b> <b>Washington</b>			<b>State</b> <b>DC</b>	
<b>Zip Code</b> <b>20007</b>			<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">09/15/2010</div>	
<b>Name of Employer</b> 				
<b>Occupation</b> 				
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>"Cost" - TV Spot</b>				
<b>Name of Federal Candidate</b> <b>Jack Conway</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> 				
<b>Mailing Address of Payee</b> 				
<b>City</b> 				
<b>State</b> 				
<b>Zip Code</b> 				
<b>Name of Employer</b> 				
<b>Occupation</b> 				
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 				
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶				
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 10)				
<div style="border: 1px solid black; padding: 5px; text-align: right;">500 000 00</div>				

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